

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28456

State File No. _____

Registrar's No. 38-46

AUG 29 1941
Primary Registration District No. 5-521

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1. PLACE OF DEATH: **Howard,**
(a) County _____
(b) City or town Howard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fayette Mo. Rt 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Dena Ruth Patton,**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 27th 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
#	"	2		hr. min.

9. Birthplace **Howard Co.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation _____

11. Industry or business _____

12. Name **Warren Patton,**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**

14. Maiden name **Nina Freeman,**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**

16. (a) Informant **Warren Patton,**

(b) Address **Fayette, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-29th 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Howard Co.**

18. (a) Signature of funeral director **Guy T. Halley.**

(b) Address **Fayette, Mo.**

19. (a) **8-4-41** (Date received local registrar) (b) **Anna P. Tindal** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. R. 7. D 5 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 41 hour 7 minute A M.

21. I hereby certify that I attended the deceased from July 27, 1941, to July 29, 1941, that I last saw him alive on July 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

Due to Inability to swallow

Due to _____

Other conditions (Include pregnancy within 3 months of death) 150

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury _____

23. Signature J. L. Richardson M. D. or other _____

Address Fayette, Mo. Date signed July 29

341 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5
0
0

045
0
0

0

Duration
2 days
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-27-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

• P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.